

Mary Washington Healthcare 1001 Sam Perry Blvd Fredericksburg, VA 22401 Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs RN		XXXFAIN, TIARRA LASHAE MR#: 832666 Patient ID: [REDACTED] DOB: [REDACTED] Attending: UZOCHUKWU CHIZOBA Room Number 3109-M Age 21	
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PP Flowsheet Assessment

	04/19/10	04/20/10	
	23:53	07:55	08:10
Breast Pain			None
Feeding Preference			Breast
GASTROINTESTINAL			
Epigastric Pain			No
Nausea/Vomiting			Denies
Abdominal Tenderness			With Palpation
Bowel Sounds			Normoactive; All Quadrants
Diet Type			Regular diet
Diet Amount			Fed self without assistance
Stool Description			Passing Flatus; None
GENITOURINARY			
Voiding			Voiding Freely
Bladder Distention			Non-distended
PERINEUM			
Episiotomy/Repaired Laceration			Approximated
Perineum/Labia			Minimal Swelling
Perineum Pain			Mild
FALL ASSESSMENT			
Fall History			(0) No
Secondary Diagnosis			(0) No
Equipment Assessment			(0) No
Fall Gait Assessment			(0) normal/bed rest/immobile
Ambulatory Aid Assessment			(0) none/bed rest/wheelchair/nurse assist
Fall Mental Status Assess			(0) oriented to own ability
Elimination Assessment			(0) Within Normal Limits
Fall Age Assessment			(0) Age 6 - 65
Fall Detox Protocol			(0) No

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PP Flowsheet Assessment

	04/19/10	04/20/10
	23:53	07:55 08:10
Fall Vision Assessment		(0) Adequate (with or without glasses)
Fall Medications Assessment		(0) None
Fall Score Computed		0
		0
HYGIENE		
Shower		Self
Pericare		Self
Oral Care		Self
ACTIVITY		
Ambulate		Tolerated Well
Chair		Tolerated Well
SAFETY		
Siderails Up		x2
Call Bell in Reach		Yes
Bed Low and Locked		Yes
COMMENTS		
COMMENTS		Pt left ankle bears loose shackle attached to bed. Guard at bedside with key. Ankle/Foot appears pink, good cap refill, no swelling. Will continue to monitor
Medication Charting for		
Record ID	100991	103216 107318
RN/LPN Countersign		J.Childs Rn

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Postpartum- Teaching Record MWH

	04/18/10 22:40	04/19/10 16:00	04/19/10 17:57	04/20/10 13:30
INVOLUTION				
Lochia Changes	Teaching Complete; Listened Attentively; Verbalized Understanding	Teaching Complete; Listened Attentively; Verbalized Understanding		
Healing		Teaching Complete; Listened Attentively; Verbalized Understanding		
Nursing				
EXERCISE				
Phlebitis	Teaching Complete; Listened Attentively; Verbalized Understanding	Teaching Complete; Listened Attentively; Verbalized Understanding		
NUTRITION				
Medication	Teaching Complete; Listened Attentively; Verbalized Understanding	Teaching Complete; Listened Attentively; Verbalized Understanding		
BIRTH CONTROL				
Family Planning				Received Information; Listened Attentively
HANDLING BABY				
Cord Care		Teaching Complete; Listened Attentively; Verbalized Understanding		
Circumcision Care			Listened Attentively; Observed Nurse Demonstration	
Dressing		Teaching Complete; Listened Attentively; Verbalized Understanding		
Temps/SS of Illness		Teaching Complete; Listened Attentively; Verbalized Understanding		

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Postpartum- Teaching Record MWH

	04/18/10	04/19/10	04/20/10
	22:40	16:00	17:57
Bathing/Growth & Devel.		Teaching Complete; Listened Attentively; Verbalized Understanding	
Bowel/Bladder		Teaching Complete; Listened Attentively; Verbalized Understanding	
MOTHER/BABY SAFETY			
Car Seat/Seat Belts		Teaching Complete; Listened Attentively; Verbalized Understanding	
Recorded by	101415	105365	105365
			107318

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Postpartum Family Referral

	01/16/10	03/11/10	04/18/10
	13:34	13:44	10:44
			05:33
MATERNAL INFORMATION			
Age	21		
Date of Birth	5/18/1988		
Marital Status	Single		Married
Home Phone	5404081176		
Language Spoken		English	
Provider	WILKES CYNTHIA F	STADULIS LEEDYLYN H	UZOCHUKWU CHIZOBA D
Pediatrician		on call	
Hepatitis B		Negative	
FAMILY INFORMATION			
Adequate Access to		Electric	
Recorded by:		110379; 101767	

For the protection of your baby, we have an infant security system here at Mary Washington Hospital.

I understand that this is a locked unit and my visitors must call for entry. I will instruct my visitors not to allow anyone outside of their group in with them.

I understand that a tag will be placed on my baby.

I understand that the Yellow Passport has my signature on it.

I understand the Yellow Passport is to be shown by the nursing staff each time my baby is taken to the nursery or a scheduled event. I will only give my baby to persons carrying a Yellow Passport with my signature.

I understand the numbers on my baby's bracelet will be checked to match the numbers on my bracelet each time my baby is brought to me.

I understand that I will report all lost or loose bracelets to my nurse.

I understand that my baby will always be in a crib when taken from my room or from the Nursery. I understand that no one will walk in the halls carrying my baby in their arms.

I understand that after I am discharged, no health care worker will come to my home without an appointment.

Tiara Lashae 4/18/10
Mother's Signature/Date

[Signature] 4/18/10
Nurse's Signature/Date



R N 4 0 4 5

Infant Security Agreement

FR-1401-MWH Rev. 1/2010

White Copy: Patient, Yellow Copy: Medical Records



Mary Washington Healthcare
Mary Washington Hospital

XXXXFAIN
TIARRA LASHAE
MRN: 832686
ACCT NO: [REDACTED]

DOB: [REDACTED]
Age: 021

MWH



EXHIBIT 1

Batch #2
Mary Washington
Hospital

000026

ATTN: A FRANCUZENKO
COOK CRAIG FRANCUZENKO
3050 CHAIN BRIDGE RD STE 200
FAIRFAX VA 22030-2843

RECEIVED DEC 12 2012



0373000026002

ATTENTION
Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,
please call the phone number on the enclosed invoice

Health information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

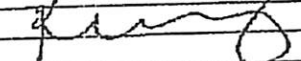
This package may or may not contain medical records, depending on what was requested and how it was processed.

EXHIBIT 1

Time 1:20:15

BP
V A
HR
FHR

Time
Laps

Time	Begin Time	End Time	Initials	Epidural Placement Time	Begin Time	End Time	Initials	CRNA Print Name	Initials
Epidural Placement	1455	1525	GA	Visit 6				Mara Jomphe	GA
Visit 1				Visit 6					
Visit 2				Visit 7					
Visit 3				Visit 8					
Visit 4				Visit 9					
Epidural Removal Time				Tip intact	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Delivery Type	Anesthesiologist				Anesthesiologist Signatures				
	Initials	Start Time	End Time						
			Room #						

PL 205



OR4270



**MediCorp
Health System**

XXFAMN
TIARFA LASHAE
MRN: 832666
ACCT NO: [REDACTED]

DOB: [REDACTED] 8
31 Age: 021

MVH

Labour Epidural Anesthesia Record

FR-1180-MHS 02/2009

Top Copy Chart

EXHIBIT 1
Bottom Copy Anesthesia


Bottom Copy Anesthesia

Please Use the Following Space to Provide Additional Information

XXXFAIN MWH
TIARRA LASHAE
MRN: 832666 DOB: 0 [REDACTED]
ACCT NO: 2 [REDACTED] Age: 021



OR4220

 Mary Washington Healthcare

MWHC Anesthetic Health Questionnaire
FR-870-MWHC Rev. 1/2010

EXHIBIT 1
Page 2 of 2

FAIN MWH
TIARRA LASHAE
MRN: 832666 DOB: 0 [REDACTED]
ACCT NO: [REDACTED] Age: 021



☐ **STAT** STAT =
medically
urgent &
necessary

ALLERGIES:

PCN

DO NOT USE FELT TIP PEN

DATE	TIME		SCAN	CLERICAL ASSOC.	RN/LPN
4/18/10	0945	Tylenol 1000 mg PO x 1 dose now V.O.R.B. Dr. Uzochukwu / S Wright Noted S Wright RN 4/18/10 @ 1000			
4/18/10	2235	chart [signature]			
4/19/10	0230	CHART ✓ [signature]			
4/19/10	1610	Chart ✓ mg Field, RN			MJF
4/19/10	2245	chart ✓ B. [signature], RN			
4/20/10	1200 pm	d/c home [signature] Noted Jonndora			



KID4570

Physician's Orders

XXXFAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: 2

DOB: 0 [redacted] 3
Age: 021



MWH

FAIN: [redacted]
TIARRA LASHAE
MRN: 832666
ACCT NO: [redacted]
DOB: 0 [redacted] 3
Age: 021

MWH



☒ **STAT**

STAT =
medically
urgent &
necessary

Allergies

None

DO NOT USE FELT TIP PEN

Medications:

Lactated Ringers 1000 mL with Oxytocin 20 units at 125 mL/hour x 1 liter PRN for bleeding
Acetaminophen (Tylenol) 500 mg 2 tablets PO every 6 hours PRN for mild pain (1-3). Do not exceed 4000 mg in 24 hours.
Oxycodone 5 mg/Acetaminophen (Roxicet) 325 mg 1 tablet PO every 4 hours PRN for moderate pain (4-7)
Oxycodone 5 mg/Acetaminophen (Roxicet) 325 mg 2 tablets PO every 4 hours PRN for severe pain (8-10)
Zolpidem (Ambien) 10 mg PRN at bedtime PRN for sleep. Do not substitute.
Dolasetron (Anzemet) 12.5 mg IV every 6 hours PRN for nausea and/or vomiting
AlOHMgOH (Mylanta) 30 mL PO every 4 hours PRN for indigestion
Bisacodyl (Dulcolax) 10 mg suppository per rectum PRN for constipation if no episiotomy or 4th degree laceration
Sodium Phosphate (Fleet) 1 enema per rectum PRN for constipation if no episiotomy or 4th degree laceration
Rubella Vaccine 0.5 mL subcutaneously x1 dose if mother not immune - administer at discharge, Do NOT give if patient required RHOGAM.

Mother's Medication:

Ibuprofen 600 mg PO every 6 hours PRN for pain
Docusate sodium (Colace) 100 mg 2 capsules PO at bedtime until BM then PRN. Send Rx message to Pharmacy to change to "at bedtime PRN".
Benzocaine spray (Dermoplast) after each voiding PRN for perineal discomfort
Dibucaine ointment PRN for hemorrhoids
Tucks pads to perineal area PRN for hemorrhoids
Lanolin ointment topical PRN for cracked or sore nipples
Eucerin cream topical PRN for dry/cracked skin

Postpartum Tubal Ligation:

Mini prep if needed
Void on call to OR
Famotidine (Pepcid) 20 mg PO on call
Metoclopramide (Reglan) 10 mg PO on call

Laboratory:

If RH Negative - RHOGAM SCREEN and administer RHOGAM if indicated

Diet:

Regular diet

Consults:

Lactation consultation first visit and PRN if breast feeding
Care Management for home care, social services, WIC, and other indications
Diabetes Management if INSULIN dependent Diabetic

Nursing:

Initiate standards of care and clinical pathway as appropriate
May transfer to Mother - Baby unit 1-2 hours post delivery
Vital signs and fundal checks every 15 minutes x 4, then every 30 minutes x 2, then per postpartum standard of care
Ice pack to perineum PRN x 24 hours
Sitz bath TID PRN - may use Epsom salt 120gm for perineal edema
OOB as tolerated. May shower.
Catheterize for bladder distention if unable to void. Use Foley for second catheterization. Leave foley in place if greater than 100 mL urine obtained.
K Pad to affected area PRN

Scanned:

Clerical Associate:

RN/LPN:

Date

Time

Physician Signature



ND4570

Mary Washington Healthcare

MWH

Postpartum Vaginal De XXXFAIN

FR-650a-MWHC Rev. 9/2005; 1/201

ACCT NO:

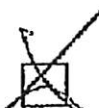
DOB: [redacted] Age: 021



EXHIBIT 1

FAIN
TIARRA LASHAE
MRN: 832686
ACCT-NO: [redacted]
DOB: [redacted] Age: 021



**STAT**STAT =
medically
urgent &
necessary**Allergies/Desensitization Reaction:**

Patient's Weight _____ kg

DO NOT USE FELT TIP PEN	
FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED	
All Other Orders	Medications Only
<p>Admit as Inpatient to _____ unit</p> <p>Upon admission Institute fetal monitor, labor and delivery, and other standards of care as appropriate</p> <p>Diagnosis _____</p>	<p><input checked="" type="checkbox"/> Mylanta (AlOH/MgOH, Simethicone) 30 mL PO every 4 hours PRN for indigestion/heartburn</p> <p><input checked="" type="checkbox"/> Fentanyl (Sublimaze) 100 mcg IV every hour PRN pain scale greater than/equal to 5 and hold for respiratory rate less than 10</p> <p><input checked="" type="checkbox"/> Ondansetron (Zofran) 4 mg IV every 6 hours PRN for Nausea and or Vomiting</p> <p><input type="checkbox"/> Continuous epidural: Sufentanil with bupivacaine according to Anesthesiologist driven protocol</p> <p><input type="checkbox"/> Other (specify): _____</p>
<p>Labs:</p> <p><input type="checkbox"/> CBC, Type & Screen <input type="checkbox"/> UA</p> <p><input type="checkbox"/> PIH Labs: (CBC with differential, PT, PTT, Fibrinogen, Uric Acid, CMP, urinalysis)</p> <p><input type="checkbox"/> Drop In Labs (For patients without prenatal care, patients whose records are not available at the time of admission): (STAT CBC with differential, Rubella, RPR, Type and Screen, Hepatitis B Surface Antigen, GBS culture, Urinalysis, Urine Drug screen - If positive, send for confirmation, Rapid HIV test STAT if unknown status, history of STD and/or substance abuse with unknown status)</p> <p><input type="checkbox"/> Abruption Labs: (CBC with differential, PT, PTT, Fibrinogen, RHGE if Rh negative, Type & Screen)</p>	<p>For patients with positive Group B Strep begin prophylaxis:</p> <p><input type="checkbox"/> Penicillin G 5 million units IV loading dose STAT then 2.5 million units every 4 hours until delivery</p> <p><input type="checkbox"/> Ampicillin 2 gram IV loading dose STAT, then 1 gram every 4 hours until delivery</p> <p>For Penicillin Allergic (not high risk of anaphylaxis) patients:</p> <p><input type="checkbox"/> ceFAZolin (Ancef) 2 g IV initially then 1 g IV every 8 hours until Delivery</p> <p>For Penicillin Allergic (high risk of anaphylaxis) patients:</p> <p><input type="checkbox"/> Clindamycin 900 mg IV every 8 hours until delivery OR</p> <p><input type="checkbox"/> ERYTHromycin 500 mg IV every 8 hours until delivery</p> <p>For GBS resistance to clindamycin or ERYTHromycin or unknown susceptibility:</p> <p><input type="checkbox"/> VancoMYCIN 1 g IV every 12 hours until delivery</p>
<p>Dietary:</p> <p>NPO if C-section patient</p> <p>Clear liquids until active labor, then ice chips</p>	<p>IV Fluids</p> <p>Ebolus IV with 500-1000 mL of Lactated Ringers prior to epidural according to patient status</p> <p>LR 1000ml @ 80ml per hour with 18 G V catheter titrated for a total IV fluid intake of 80 mL/hr</p> <p>Discontinue IV prior to transfer to Mother-Baby unit unless otherwise ordered, convert IV to PRN adapter if patient Rh negative.</p>
<p>Activity:</p> <p>May be OOB if membranes are intact, if ROM need physician order. Notify physician/CNM when membranes rupture</p>	<p>C Magnesium sulfate per 'Magnesium Sulfate Administration for Preterm Labor or Pre-eclampsia/Eclampsia Protocol'</p>
<p>Nursing:</p> <p>Foley Catheter for bladder distention PRN while in labor</p> <p><u>For non-reassuring fetal heart pattern:</u></p> <p>Start oxygen 100% at 10 LPM via nonrebreather face mask</p> <p>Position change, fluid bolus of Lactated Ringers 200 mL, and notify health care provider</p>	<p>For C-Section patients</p> <p><input type="checkbox"/> Sodium citrate and citric acid 30 mL PO 30 minutes prior to OR</p> <p><input type="checkbox"/> ceFAZolin (Ancef) 2 Grams IV 30-60 minutes prior to Incision</p>
<p>Consult</p> <p><input checked="" type="checkbox"/> Anesthesia for Epidural for active, progressive labor</p>	
<p><input type="checkbox"/> For C-Section patients</p> <p>Mini abdominal prep</p> <p>Insert foley catheter</p> <p>SCD applied Intra-operatively</p>	
<p>Scanned: _____</p> <p>Clerical Associate: _____</p> <p>RN/LPN: _____</p>	<p>Date: 4/18/10 Time: 6:30 AM</p> <p>Physician Signature: _____</p>



MD 4570

Intrapartum Physician C
FR-649-MWHC Rev 8/2009; 1/2010XXXFAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: _____DOB: _____
Age: 021

EXHIBIT 1

MWH

FAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: _____DO: _____
Age: 021

MWH

List Allergies/Describe Reaction:

PCN

Patient's Weight _____ kg

☐ **STAT**

STAT =
medically
urgent &
necessary

FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED

Weight _____ kg

All Orders Except Medications

☒ Induction Indication: LFA

☐ Augmentation Indication:

Implement Intrapartum Physician Orders

Intake and Output every 8 hours.

Intensify nursing care for 1:1 on Oxytocin High Dose Protocol

Medication Orders

☐ Dinoprostone (Cervidil®) 10 mg intravaginally
Pull after 12 hours or at onset of active labor or tachysystole
Wait 30 minutes after removal prior to Oxytocin initiation

☐ Misoprostol (Cytotec®) 25 mcg Intravaginally
Every 4 hours. No more than 8 doses.
Wait 4 hours after last dose prior to Oxytocin initiation
Hold dose if tachysystole.

☒ Oxytocin Low Dose Protocol
(Oxytocin 30 units in 500 ml Lactated Ringers)
1 milli-unit/minute = 1 ml/hour
Initial dose 1 milliunit/minute

Administer oxytocin infusion via infusion pump, starting at 1 milliunits/minute and advance by 1 or 2 milliunits/minute every 30 minutes within the limits of the intrapartum protocol to achieve an acceptable maternal - fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60 - 90 seconds; fundus palpating at "moderate to strong" at peak contraction; and uterine relaxation between contractions). Use lowest dose possible to achieve adequate progress of labor. Call physician when maximum dose reached.
Maximum acceptable rate of infusion: 20 milliunits/minute

☐ Oxytocin High Dose Protocol:
(Oxytocin 30 units in 500 ml LR)
1 milli-unit/minute = 1 ml/hour

Administer oxytocin infusion via infusion pump, starting at 4 milliunits/minute and advance by 4 milliunits/minute every 30 minutes within the limits of the intrapartum protocol to achieve an acceptable maternal - fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60 - 90 seconds; fundus palpating at "moderate to strong" at peak contraction; and uterine relaxation between contractions). Use lowest dose possible to achieve adequate progress of labor. Call physician when maximum dose reached.
Maximum acceptable rate of infusion: 30 milliunits/minute

For Tachysystole in Category I, II or III

Implement the Cervical Ripening/Oxytocin Tachysystole Algorithm and notify physician as indicated

For Tachysystole with Category I:

Maternal repositioning to left or right lateral
IV fluid bolus of at least 250 mL Lactated Ringers
If uterine activity has not returned to normal after 15 minutes, decrease oxytocin rate by half; if uterine activity has not returned to normal after 15 more minutes, discontinue oxytocin until uterine activity is no more than 5 contractions in 10 minutes.
When oxytocin has been discontinued for less than 30 minutes, restart oxytocin at one half the rate that caused the tachysystole.
If oxytocin is discontinued for greater than 30 minutes, restart oxytocin infusion at the beginning administration dose.

Scanned:

Clerical Associate:

RN/LPN:

4/18/10
Date

6:30 am
Time

Physician Signature



MD 4570

XXXFAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: [REDACTED]

EXHIBIT 1

FAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: [REDACTED]

DOB: [REDACTED]
Age: 32.1

Induction / Augmentation

FR-1914-MWHC 12/2009; 1/2010 (f)

**STAT**STAT =
medically
urgent &
necessary

List Allergies/Describe Reaction:

PCN

Patient's Weight _____ kg

+

DO NOT USE FELT TIP PEN

FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED

All Orders Except Medications

Medications

☐ For Tachysystole with Category II or III

Discontinue oxytocin infusion.

Remove Cervidil

Notify care provider.

Maternal repositioning to left or right lateral.

IV lactated ringers fluid bolus of at least 500 mL.

Consider oxygen at 10 L/min via non-rebreather face mask. (Discontinue as soon as possible)

After uterine activity has returned to normal and if Category I FHR criteria are met, restart oxytocin infusion as below:

If oxytocin discontinued less than 30 minutes, restart oxytocin infusion at one-half the rate that caused the tachysystole.

If oxytocin discontinued for greater than 30 minutes, restart oxytocin infusion at the beginning administration dose.

Titrate dose to protocol to achieve an acceptable maternal - fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60-90 seconds; fundus palpating at "moderate to strong" at peak contraction; and uterine relaxation between contractions).

IV Fluids

Decrease mainline IV rate to maintain IV fluid intake at 80 mL/hour once oxytocin initiated

Scanned: _____

Clerical Associate: _____

RN/LPN: _____

4/18/10
Date6:55 am
Time

Physician Signature

Noted & Winkler 4/18/10 1000



MD 4570

Mary Washington Healthcare

FAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: _____DOB: _____
Age: 021

MWH

Induction / Augmentation Physician Orders

FR-1914-MWHC 12/2009; 1/2010 (form logo only)

XXXFAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: _____DOB: _____
Age: 021

MWH



☒ STAT

STAT =
medically
urgent &
necessary

List Allergies/Describe Reaction.

PCN

Patient's Weight _____ kg

FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED

Weight _____ kg	
All Orders Except Medications	Medication Orders
<input checked="" type="checkbox"/> Induction Indication: <u>LGA</u> <input type="checkbox"/> Augmentation Indication: _____	<input type="checkbox"/> Dinoprostone (Cervidil®) 10 mg Intravaginally Pull after 12 hours or at onset of active labor or tachysystole Wait 30 minutes after removal prior to Oxytocin initiation
Implement Intrapartum Physician Orders Intake and Output every 8 hours.	<input type="checkbox"/> Misoprostol (Cytotec®) 25 mcg Intravaginally Every 4 hours. No more than 8 doses. Wait 4 hours after last dose prior to Oxytocin initiation Hold dose if tachysystole.
Intensify nursing care for 1:1 on Oxytocin High Dose Protocol	<input checked="" type="checkbox"/> Oxytocin Low Dose Protocol (Oxytocin 30 units in 500 ml Lactated Ringers) 1 milli-unit/minute = 1 ml/hour Initial dose 1 milliunit/minute Administer oxytocin infusion via infusion pump, starting at 1 milliunits/minute and advance by 1 or 2 milliunits/minute every 30 minutes within the limits of the intrapartum protocol to achieve an acceptable maternal - fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60 - 90 seconds; fundus palpating at "moderate to strong" at peak contraction; and uterine relaxation between contractions). Use lowest dose possible to achieve adequate progress of labor. Call physician when maximum dose reached. Maximum acceptable rate of infusion: 20 milliunits/minute
For Tachysystole In Category I, II or III Implement the Cervical Ripening/Oxytocin Tachysystole Algorithm and notify physician as indicated	<input type="checkbox"/> Oxytocin High Dose Protocol: (Oxytocin 30 units in 500 ml LR) 1 milli-unit/minute = 1 ml/hour Administer oxytocin infusion via infusion pump, starting at 4 milliunits/minute and advance by 4 milliunits/minute every 30 minutes within the limits of the intrapartum protocol to achieve an acceptable maternal - fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60 - 90 seconds; fundus palpating at "moderate to strong" at peak contraction; and uterine relaxation between contractions). Use lowest dose possible to achieve adequate progress of labor. Call physician when maximum dose reached. Maximum acceptable rate of infusion: 30 milliunits/minute
For Tachysystole with Category I: Maternal repositioning to left or right lateral IV fluid bolus of at least 250 mL Lactated Ringers If uterine activity has not returned to normal after 15 minutes, decrease oxytocin rate by half; if uterine activity has not returned to normal after 15 more minutes, discontinue oxytocin until uterine activity is no more than 5 contractions in 10 minutes. When oxytocin has been discontinued for less than 30 minutes, restart oxytocin at one half the rate that caused the tachysystole. If oxytocin is discontinued for greater than 30 minutes, restart oxytocin infusion at the beginning administration dose.	_____ Physician Signature
Scanned: _____ Clerical Associate: _____ RN/LPN: _____	Date: <u>4/18/10</u> Time: <u>6:40 PM</u>



M.D. 4570

XXXFAIN
TIARRA LASHAE
MRN: 832668
ACCT NO: 2

MWH

FAIN
TIARRA LASHAE
MRN: 832668
ACCT NO: 2

MWH

DOB: 11/11/88
Age: 021

Induction / Augmentation E

FR-1914-MVHC 12/2009; 1/2010 (form E)

☒ **STAT**

STAT =
medically
urgent &
necessary

List Allergies/Describe Reaction:

Patient's Weight kg

DO NOT USE FELT TIP PEN

FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED

All Orders Except Medications

Medications

☐ For Tachysystole with Category II or III

Discontinue oxytocin infusion.

Remove Cervidil

Notify care provider.

Maternal repositioning to left or right lateral.

IV lactated ringers fluid bolus of at least 500 mL

Consider oxygen at 10 L/min via non-rebreather face mask. (Discontinue as soon as possible)

After uterine activity has returned to normal and if Category I FHR criteria are met, restart oxytocin infusion as below:

If oxytocin discontinued less than 30 minutes, restart oxytocin infusion at one-half the rate that caused the tachysystole.

If oxytocin discontinued for greater than 30 minutes, restart oxytocin infusion at the beginning administration dose.

Titrate dose to protocol to achieve an acceptable maternal - fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60-90 seconds; fundus palpating at "moderate to strong" at peak contraction; and uterine relaxation between contractions).

IV Fluids

Decrease mainline IV rate to maintain IV fluid intake at 80 mL/hour once oxytocin initiated

Scanned:

Clerical Associate:

RN/LPN:

Date 2/18/10

Time 6:29 am

Physician Signature



MD 4570

Induction / Augmentation Physician Orders

FR 1914-MWHC 12/2009; 1/2010 (form logo of MWH)

Mary Washington Healthcare

FAIN

TIARRA LASHAE

MRN: 832668

ACCT NO: 20001181

DOB:

Age: 021

MWH

XXXFAIN
TIARRA LASHAE
MRN: 832668
ACCT NO: 20001181

DOB:

MWH



STAT STAT
Medication
Urgent &
Necessary

ALLERGIES:

Medication: PCN

Food:

- ☐ Patient Pregnant
☐ Patient Lactating

4/19/2010 05:56

DO NOT USE FELT TIP PEN

For Those Orders with Options, Items MUST be marked or the Order is not Initiated

Home Medications Only
Must Indicate status (Continue/Discontinue)
NO MEDICATIONS OTHER THAN HOME MEDS ON THIS FORM

Source: Patient

	DOSE:	ROUTE:	FREQUENCY:	Cont.	Dis-Cont.	On Admission, Change this Order to:	Continue Original Dose at Discharge
PNV	1	po	daily	C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N

T Eye RN

Completing/Verifying Signature Date/Time

☒ 24 Hour Chart Check Complete (RN/LPN)

4/19/10 @ 1700 WJ Field, RN
Date/Time/Signature RN/LPN

Comments:

☐ Yes, This is an Order. Scan to Pharmacy.

☒ No, this is Not an Order. Medications to be reviewed again at discharge. Scan to Pharmacy.

If this box is not checked this will default to an order

MD Signature/Date/Time
Scan to Pharmacy after MD Reconciliation
WJF 4/19/10 @ 1700
Initials/Date/Time

MD5365*

Home Medication Reconciliation Physician Orders

EXHIBIT

XXXFAIN, TIARRA LASHAE

MR #: 832666

Patient ID#: 2

DOB:

Attending: UZOCHUKWU CHIZOBA D

PATIENT INFORMATION

PATIENT NAME FAIN TIARRA LASHAE		MR NO 832666		PATIENT ACCOUNT NO 2036941181				
ADM DATE 04/18/2010	TIME 05:33	TYPE F	RACE B	SEX F	DOB [REDACTED]	AGE 21 Years	M/S M	RELIGION DO NOT LIST
ROOM & BED 308S3109 -M	ADM SOURCE RP	FC K	SVC OBS	SOC SEC NO [REDACTED]		HOME PHONE (540)408-1176	OTHER PHONE (914)233-6098	
ADDRESS 308 S BRIDGECRE CT STAFFORD VA 22554				EMPLOYER'S PHONE NO.				
EMPLOYER'S NAME UNEMPLOYED		EMPLOYER'S ADDRESS						
ADMITTING DOCTOR UZOCHUKWU CHIZOBA D		ATTENDING DOCTOR UZOCHUKWU CHIZOBA D		PCP DOCTOR UNK		DISCH DISP AHR		DISCH DATE 04/20/2010
DIAGNOSIS INDUCTION								
COMMENTS								

EMERGENCY CONTACT

EMERGENCY CONTACT MESSIAH HILL	REL OTHER	PHONE [REDACTED] 4929	EMERGENCY WORK PH
--	---------------------	---------------------------------	--------------------------

GUARANTOR INFORMATION

GUARANTOR NAME FAIN TIARRA	REL TO PATIENT	SOC SEC NO [REDACTED]	HOME PHONE (540)408-1176	WORK PHONE
ADDRESS 308 S BRIDGECRE CT STAFFORD VA 22554				
GUARANTOR'S EMPLOYER UNEMPLOYED		GUAR EMPLOYER'S ADDRESS		

INSURANCE

PLAN CD K68	INS. DESCRIPTION MEDICAID HEALTHKEEPERS PLUS	POLICY ID NO. [REDACTED]	AUTHORIZATION NO.	
REFERRAL NO.	COB 1	PHONE NO. OF INSURANCE CO. (803)533-5592	ADDRESS OF INSURANCE CO. PO BOX 26623	
ADDRESS OF INSURANCE CO. 2 RICHMOND VA 23261	SUBSCRIBER'S NAME FAIN TIARRA	SUBSCRIBE REL TO PT SELF		

Mary Washington Hospital
1001 Sam Perry Blvd. Fredericksburg, Virginia
22401

PT NAME: FAIN TIARRA
DOB: [REDACTED]
AGE: 21
MRN #: 832666
ACCT: [REDACTED]

FACESHEET

Date of Admission: 4/18/10

Hospital admission is certified necessary for the following reason(s): See presenting symptoms and diagnoses in history and physical and/or prenatal record

Estimated hospital length of stay: 2-3 days

Plan of Care:

- Medication: See Physician Admission orders/History & Physical
- Treatments: See Physician Admission orders/History & Physical
- Rehabilitative Services: See Physician Admission orders/History & Physical (if applicable)
- Social Services Consult: See Physician Admission orders/History & Physical (if applicable)

Functional Level:

- ☐ Infant/child
- ☒ Ambulatory
- ☐ Ambulatory with assistance
- ☐ Chair confined
- ☐ Bed confined

Plans for discharge:

- ☒ Home with office follow up
- ☐ Home with home health care
- ☐ Extended care facility
- ☐ Home for adults
- ☐ Other (specify): _____

I hereby certify that this hospital admission is/was necessary and appropriate and that this determination was made on the day of admission:

Physician signature: _____

Date: 4/18/10



R I 5 1 0 0

**Medicaid Admission Certification/
Plan of Care – Labor & Delivery**

FR-1824-MWHC Rev. 1/2010

Mary Washington Healthcare

XXXFAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: 2

DOB: [REDACTED]
Age: 021

MWH



EXHIBIT 1

FAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: [REDACTED]

DOB: [REDACTED]
Age: 021

MWH



DEFINITIONS

DEFINITION
 The following definitions apply to the terms used in this document. The definitions are intended to be consistent with the definitions used in the Virginia Code and the Virginia Administrative Code.

DEFINITION
 The following definitions apply to the terms used in this document. The definitions are intended to be consistent with the definitions used in the Virginia Code and the Virginia Administrative Code.

STATE OF VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

CHILD ABUSE INVESTIGATION

The following definitions apply to the terms used in this document. The definitions are intended to be consistent with the definitions used in the Virginia Code and the Virginia Administrative Code.

DEFINITION
 The following definitions apply to the terms used in this document. The definitions are intended to be consistent with the definitions used in the Virginia Code and the Virginia Administrative Code.

COMMONWEALTH OF VIRGINIA

Department of Medical Assistance Services

010900

DOB: 00-00-00

00-00-00

DRIVER'S LICENSE

ALSHAE EYE-LYN

03-12-2000

00-00-00

00-00-00